



97TH GENERAL ASSEMBLY

State of Illinois

2011 and 2012

HB2982

Introduced 2/23/2011, by Rep. Joe Sosnowski

SYNOPSIS AS INTRODUCED:

New Act

Creates the Regional Integrated Behavioral Health Networks Act. Provides that the Department of Human Services shall establish Regional Integrated Behavioral Health Networks for the purpose of ensuring and improving access to appropriate mental health and substance abuse services throughout Illinois by providing a platform for the organization of all relevant health, mental health, substance abuse, and other community entities and a mechanism to use and channel financial and other resources efficiently and effectively. Provides that the goals of the Networks shall include, but not be limited to, enabling persons with mental and substance use illnesses to access clinically appropriate, evidence-based services, regardless of where they reside in the State and particularly in rural areas; and improving access to mental health and substance abuse services throughout Illinois, but especially in rural Illinois communities. Contains provisions concerning the establishment of a Steering Committee and Network Councils; the development of Regional Integrated Behavioral Health Network Plans, and the timeline for such plans; and required reports. Effective immediately.

LRB097 10532 KTG 51304 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning health.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 1. Short title. This Act may be cited as the
5 Regional Integrated Behavioral Health Networks Act.

6 Section 5. Legislative Findings. The General Assembly
7 recognizes that an estimated 25% of Illinoisans aged 18 years
8 or older have experienced a mental or substance use disorder,
9 an estimated 700,000 Illinois adults aged 18 years or older
10 have a serious mental illness and an estimated 240,000 Illinois
11 children and adolescents have a serious emotional disturbance.
12 And on any given day, many go without treatment because it is
13 not available or accessible. Recent federal and State fiscal
14 crises have exacerbated an already deteriorating mental health
15 and substance abuse (behavioral health) treatment system that
16 is characterized by fragmentation, geographic disparities,
17 inadequate funding, psychiatric and other mental health
18 workforce shortages, lack of transportation, and overuse of
19 acute and emergency care by persons in crisis who are unable to
20 obtain treatment in less intensive community alternatives. The
21 failure to treat mental and substance use illnesses has human
22 and financial consequences: human suffering and loss of
23 function; increased use of hospital emergency departments;

1 increased use of all medical services; increased unemployment
2 and lack of productivity; lack of meaningful engagement in
3 family and communities; school failure; homelessness;
4 incarceration; and, in some instances, death. The citizens of
5 Illinois with mental and substance use illnesses need an
6 organized and integrated system of care that recognizes
7 regional differences and is able to deliver the right care to
8 the right person at the right time.

9 Section 10. Purpose. The purpose of this Act is to require
10 the Department of Human Services to establish Regional
11 Integrated Behavioral Health Networks for the purpose of
12 ensuring and improving access to appropriate mental health and
13 substance abuse (hereinafter "behavioral health") services
14 throughout Illinois by providing a platform for the
15 organization of all relevant health, mental health, substance
16 abuse, and other community entities, and by providing a
17 mechanism to use and channel financial and other resources
18 efficiently and effectively. Regional networks may be located
19 in each of the Department of Human Services geographic regions.

20 Section 15. Goals. The goals of the Networks shall include,
21 but not be limited to, the following: enabling persons with
22 mental and substance use illnesses to access clinically
23 appropriate, evidence-based services, regardless of where they
24 reside in the State and particularly in rural areas; improving

1 access to mental health and substance abuse services throughout
2 Illinois, but especially in rural Illinois communities, by
3 fostering innovative financing and collaboration among a
4 variety of health, behavioral health, social service, and other
5 community entities and by supporting the development of
6 regional-specific planning and strategies; facilitating the
7 integration of behavioral health services with primary and
8 other medical services, advancing opportunities under federal
9 health reform initiatives; ensuring actual or
10 technologically-assisted access to the entire continuum of
11 integrated care, including the provision of services in the
12 areas of prevention, consumer or patient assessment and
13 diagnosis, psychiatric care, case coordination, crisis and
14 emergency care, acute inpatient and outpatient treatment and
15 habilitation, support services, and community residential
16 settings; defining the respective roles and relationships
17 between public and private providers, preserving continued
18 access to State-operated hospitals while enhancing acute care
19 alternatives in private hospitals and other community
20 providers; identifying funding for persons who do not have
21 insurance and do not qualify for State and federal healthcare
22 payment programs such as Medicaid or Medicare; improving access
23 to transportation in rural areas.

24 Section 20. Steering Committee and Network Councils.

25 (a) Towards achievement of these ends, the Department of

1 Human Services shall convene a Steering Committee comprised of
2 State agencies involved in the provision, regulation, or
3 financing of health, mental health, substance abuse,
4 rehabilitation, and other services. These include, but shall
5 not be limited to, the following agencies:

6 (1) The Department of Healthcare and Family Services.

7 (2) The Department of Human Services and its Divisions
8 of Mental Illness and Alcoholism and Substance Abuse
9 Services.

10 (3) The Department of Public Health, including its
11 Center for Rural Health.

12 This Steering Committee shall provide consultation,
13 advice, and leadership to the Network in the development of a
14 comprehensive, regional plan; in identifying sources of and
15 securing funding for the Integrated Behavioral Health
16 Networks; in facilitating communication within and across
17 multiple agencies; and in removing regulatory barriers that may
18 prevent the Network from accomplishing its goals. The Steering
19 Committee collectively or through one of its member Agencies
20 shall also provide technical assistance and staff training to
21 the Network or its individual component entities.

22 (b) There also shall be convened a Regional Network
23 Advisory Council in each of the Department of Human Services'
24 regions comprised of representatives of community stakeholders
25 represented in the Network, as well as relevant trade and
26 professional associations, hospitals, and community providers,

1 including, but not limited to, the following: NAMI Illinois,
2 the Illinois Alcoholism and Other Drug Dependence Association,
3 the Illinois Association of Rehabilitation Facilities, the
4 Community Behavioral Health Association of Illinois, the
5 Illinois Hospital Association, the Illinois Primary Health
6 Care Association, the Illinois Sheriff's Association, the
7 Illinois Critical Access Hospital Network, the Governor's
8 Rural Affairs Council, the Illinois Psychiatric Society,
9 Prevention First, the Illinois Rural Health Association, the
10 Illinois State Ambulance Association, the Illinois Public
11 Health Association, the Illinois Homecare and Hospice Council,
12 the Healthcare Council of Illinois, the Farm Resource Center,
13 and others designated by the Network Steering Committee or
14 members of the Network.

15 Section 25. Development of Regional Integrated Behavioral
16 Health Network Plans. Each Regional Integrated Behavioral
17 Health Network Council shall develop a strategic plan for its
18 respective region that addresses the following:

19 (a) Inventory of all mental health and substance abuse
20 treatment services, primary health care facilities and
21 services, private hospitals, State-operated psychiatric
22 hospitals, long term care facilities, social services,
23 transportation services, and any services available to serve
24 persons with mental and substance use illnesses.

25 (b) Identification of unmet community needs, including,

1 but not limited to, the following:

2 (1) Waiting lists in community mental health and
3 substance abuse services.

4 (2) Hospital emergency department use by persons with
5 mental and substance use illnesses, including volume,
6 length of stay, and challenges associated with obtaining
7 psychiatric assessment.

8 (3) Difficulty obtaining admission to inpatient
9 facilities, and reasons therefore.

10 (4) Availability of primary care providers in the
11 community, including Federally Qualified Health Centers
12 and Rural Health Centers.

13 (5) Availability of psychiatrists and mental health
14 professionals.

15 (6) Transportation issues.

16 (7) Other.

17 (c) Identification of opportunities to improve access to
18 mental and substance abuse services through the integration of
19 specialty behavioral health services with primary care,
20 including, but not limited to, the following:

21 (1) Availability of Federally Qualified Health Centers
22 in community with mental health staff.

23 (2) Development of accountable care organizations or
24 other primary care entities.

25 (3) Availability of acute care hospitals with
26 specialized psychiatric capacity.

1 (4) Community providers with an interest in
2 collaborating with acute care providers.

3 (d) Development of a comprehensive plan to address
4 community needs, including a specific timeline for
5 implementation of specific objectives and establishment of
6 evaluation measures. The comprehensive plan should include the
7 complete continuum of behavioral health services, including,
8 but not limited to, the following:

9 (1) Prevention.

10 (2) Client assessment and diagnosis.

11 (3) An array of outpatient behavioral health services.

12 (4) Case coordination.

13 (5) Crisis and emergency services.

14 (6) Treatment, including inpatient psychiatric
15 services in public and private hospitals.

16 (7) Long term care facilities.

17 (8) Community residential alternatives to
18 institutional settings.

19 (9) Primary care services.

20 Section 30. Timeline. The Network strategic plans shall be
21 prepared within 6 months of establishment of the Regional
22 Behavioral Health Network Council. The Regional Integrated
23 Behavioral Health Networks Steering Committee shall assist the
24 Regional Network councils in the development of regional plans
25 by providing technical expertise and in identifying funding

1 support and opportunities for the development of services
2 identified under each of the regional plans.

3 Section 35. Report to Governor and General Assembly. The
4 Steering Committee shall report to the Governor and General
5 Assembly the status of each regional plan, including the
6 recommendations of the network councils to accomplish their
7 goals and improve access to behavioral health services. The
8 report shall also contain performance measures, including
9 closure or reduction of any facilities with behavioral health
10 services capacity in the region; any waiting lists for
11 community services; volume and wait times in hospital emergency
12 departments for access to behavioral health services;
13 development of primary care-behavioral health partnerships or
14 barriers to their formation; and funding challenges and
15 opportunities. This report shall be submitted on an annual
16 basis.

17 Section 99. Effective date. This Act takes effect upon
18 becoming law.